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# HELP System Offers Tele-Consultations

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**By Cmdr. Andrew H. Lin, MD, medical director, Health Experts onLine at Portsmouth**



The HELP system is for providers in all branches of the armed forces who are in NME's area of responsibly, for which NMCP is the premiere medical center.

Long distance medicine. Telemedicine. It's been around a while and now we're going to be using it with the fleet so their medical personnel can "consult" with a specialist. Particularly while they are at sea.

Navy Medicine East and Naval Medical Center Portsmouth are kicking off a telemedicine initiative called HELP, for Health Experts onLine at Portsmouth. HELP gives health care providers in the fleet a way to access sub-specialists at NMCP when they have a difficult medical case that doesn't constitute an emergency.

The HELP system is for providers in all branches of the armed forces who are in NME's area of responsibly, for which NMCP is the premiere medical center. The region – from Texas to Bahrain – spans 10 time zones, making real-time tele-consultation impractical.

Consults will be responded to within 72 hours, but response time is expected to be more like 14 hours, based on a similar system used in the Pacific. The HELP system is built on PATH, or the



I introduced the system to interns, residents and staff at NMCP, explaining how it works and its benefits. Some of these doctors will go to the

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Pacific Asynchronous TeleHealth system, that was developed by Tripler Army Medical Center in Hawaii.

fleet and may need to submit a consult, while others will be at NMCP as staff and may be answering a consult.

HELP and PATH are expected to reduce medical evacuations, from ships at sea and bases overseas, and to reduce patient and provider travel. This can include patients who must travel several hours to see such a subspecialist in person. PATH saves up to \$750,000 annually in medevac costs. HELP is expected to experience similar savings.

In June, we beta tested the HELP system, entering in a few practice cases and getting provider accounts set up. I introduced the system to interns, residents and staff at NMCP, explaining how it works and its benefits. Some of these doctors will go to the fleet and may need to submit a consult, while others will be at NMCP as staff and may be answering a consult.

Here’s how it works:

A health care provider, such as an independent duty corpsman on a submarine or small ship, or a general medical officer on a carrier, can start by setting up their account in the system. Providers assigned to clinics and hospitals stateside and overseas can do the same. Basically, anyone who does not have local access to certain sub-specialists can use the system.

The provider then creates a patient profile, and enters the patient’s medical history, symptoms and current medications. Media files, such as sound files or images like X-rays or pictures of rashes, can be uploaded.

The provider then lists the questions they need answered by which sub-specialties and submits the consult to the consult manager.



By analyzing the consults, NMCP can identify improved training opportunities for these providers who submitted consults.

Right now, I am the consult manager. When I receive a consult, I’ll review the case and forward it to the appropriate sub-specialist. As the consult develops, additional doctors may need to be added to the conversation. Those involved with the consult can access the patient’s electronic medical record for additional medical history.

The system will track the entire conversation, even if multiple physicians in multiple locations are involved. When a new physician is

brought in on the consult, he or she can see the comments and recommendations that have already been made so work is not repeated. When finished, the entire consult can be added to the patient’s electronic medical record or printed and added to a hand-carried medical record.

Another goal is also to capture and analyze the consult workload that NMCP’s sub-specialists provide for the fleet, which can’t be done through email consults. By capturing the workload, NMCP can ensure enough providers are available to provide care. By analyzing the consults, NMCP can identify improved training opportunities for these providers who submitted consults.

We’ve now moved past the testing phase and opened the system to real-world consults to

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treat Sailors at sea or in far-flung lands. All from Portsmouth, Virginia.

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Exciting, isn't it?

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